

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Jackson

Registration District No.

399

Township Kaw

Primary Registration District No.

1002

City Kansas City

(No. Research Hosp.

40151

File No.

4465

Registered No.

St. Ward

2. FULL NAME Mrs. Doris Everson

(a) Residence, No. 1803 E. 36th

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

J. M. Everson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

56

3

8

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo.

13. NAME

Jason Gates

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tenn.

15. MAIDEN NAME Mary Skinner

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo.

17. INFORMANT
(ADDRESS)

J. M. Everson
1803 E. 36th

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Wash

DATE Nov. 6, 1937

19. UNDERTAKER
(ADDRESS)

D. W. Newcomer's Sons

20. FILED

Nov. 6, 1937 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from
10-3, 1937, to 11-5, 1937.

I last saw h. alive on 11-4, 1937. Death is said

to have occurred on the date stated above, at 4:55A.M.

The principal cause of death and related causes of importance were as follows:

acute cloudy swelling
of (both) kidneys
48

Other contributory causes of importance

chronic shock
5 weeks before death

Name of operation

What test confirmed diagnosis?

Date of 11-5-37
Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. M. Brown, M. D.

(Address) 1132 Prof. Bldg.

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